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BWP/BIMA OPERATIONS MEMO

No.: 02-45

File: 7130

Date: 7/15/2002

Non W-2 ☐ W-2 ☐ CC ☒

PRIORITY: Medium

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

**FROM: Amy Mendel-Clemens
CARES Call Center
Policy & Systems Communications Section**

**SUBJECT: 2002 CHILD CARE SURVEY - FOR
DETERMINATION OF 2003 MAXIMUM RATES**

CROSS REFERENCE: Operations Memos 01-38 and 01-47 (2002 Survey)

DUE DATE: October 11, 2002

PURPOSE

This memo includes the materials and instructions needed to complete the Annual Child Care Rate Survey.

BACKGROUND

The annual rate survey is required by federal regulations and state administrative rule and is used to establish a level of maximum reimbursement rates for the Wisconsin Shares Child Care Subsidy Program. In our continued effort to more closely reflect the actual child care market, the providers' current prices (at the time of this survey) and age specific prices will be collected and used in calculating the maximum reimbursement rate. The collection of and entry into the Child Care Payment System (CCPS) of all the provider prices will result in authorization amounts that more closely reflect the provider's actual prices.

POLICY

Maximum Rates

In our efforts to further reflect the actual child care market, we have made the following change:

The county/tribal maximum rates for 2003 will be calculated for four age groups:

- | | |
|------------------------|--------------------------|
| a. Birth through age 1 | c. Age 4 through age 5 |
| b. Age 2 through age 3 | d. Age 6 through age 12. |

Survey Tool

To simplify the survey process and assist in gathering the necessary information, this document has been divided into three sections:

1. **Annual Child Care Rates Survey:** This section includes the updated survey and instructions on price collection and price conversion.
2. **Reimbursement Rate Determination:** This section includes instructions for determining the county/tribal weekly ceiling and the hourly rate. Refer to the enclosed Rate Calculation Instructions for guidelines on how to calculate the county/tribal maximum rate. An example of a completed survey results worksheet is included.
3. **Child Day Care Rates Approval Request:** The Request to Approve 2003 Maximum Reimbursement Rates is included in this section. Complete the DES-2465 (R. 7/2002) document showing your new 2003 maximum rates. Agencies must submit the new rate even if the new calculation method shows the rate to have gone down. Return the request form along with the worksheet showing the determination of the 75th percentile rates, and the worksheet showing the conversion calculations performed by your agency, along with any other relevant documents to the address listed below. The Office of Child Care will notify local child care agencies of approved maximum rates by *December 6, 2002*.

Survey Timelines:

Aug. 1 - Sept. 30, 2002	Survey period
Oct. 11, 2002	Survey returned to Office of Child Care
Nov. 1 - Dec. 27, 2002	Entry of providers rates into CCPS by agencies
Dec. 6, 2002	Approval of Maximum rates
Dec. 28 and 29, 2002	Mass change (tentative schedule)

CONTACTS

Regional Area Administrator's Office

Or: Joan Ellenbecker
Child Care Specialist
Office of Child Care
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ATTACHMENTS

- Annual Child Care Rate Survey Instructions
- Annual Child Care Rates Survey - Licensed Group Day Care
Sample 2003 Rate Survey Results – Licensed Group
- Annual Child Care Rates Survey - Licensed Family Day Care
Sample 2003 Rate Survey Results - Licensed Family
- Request For Approval Of Child Day Care Rates

DWD/DWS/BWP/OCC/JE

I. ANNUAL CHILD CARE RATE SURVEY

The survey methodology has not changed for 2003. The attached survey instrument is to be used by local agencies to collect price information from licensed group and licensed family child care providers. This single survey instrument, issued by the Department of Workforce Development (DWD) Office of Child Care (OCC), represents the movement towards consistency and standardization of the methodology for establishing child care reimbursement rates. **Use of the survey is required.** Exemptions to its use may be granted if a local agency can document that using the survey will create an undue burden on the agency's staff or workload. If it is necessary for your county/tribe to request such an exemption, please send your proposed survey instrument, along with the justifications for the exemption, to OCC for approval before you distribute the survey.

County/tribal child care agencies are to contact all licensed child care providers located in the individual county/tribe for this survey. If necessary, the agency should contact the Regional Licensing Office assigned to their county/tribe to request a current directory. The preferred rate of return for this survey is at least 80% of licensed providers surveyed.

Who to survey:

- Licensed group and Licensed family child care centers in the individual county/tribe. (contact the Regional Licensing Office assigned to your county/tribe to request a current directory)
- Licensed child care programs which provide care to children ages 0-6, throughout the year (at least 11 months) and which provide full-time child care, at least 5 days a week and 5 hours per day.

Do Not Survey:

- Regularly Certified and Provisionally Certified child care providers.

The survey shall collect providers' **current** prices. Providers are required to submit printed verification of prices that are charged to private pay families.

Maximum Reimbursement Rate Calculation

Include in your rate calculation:

- Licensed group child care centers **where at least 10 % of capacity is privately paid (not paid by subsidy funds)** in the month of July 2002
- Licensed family child care centers **where at least 10 % of capacity is private paid (not paid by subsidy funds)** in the month of July 2002
- Providers who have returned the survey with their printed rate sheet attached.

You can exclude from your rate calculation providers who:

- Are funded by sources other than fees (e.g., Head Start, 51.437-funded).
- Do not offer open enrollment (e.g., employer-sponsored programs which serve only employees of the sponsor)
- Are open less than 11 months per year
- Are open less than 5 hours per day
- Are open less than 5 days per week
- Have less than 10% of slots paid for with private funds
- Only report an hourly rate. (You may want to follow up with the Provider to determine if they do have a legitimate weekly rate.)
- DO NOT include printed verification of prices.
- Report only two price categories. (You **can** include providers who have reported only two price categories in your calculation, however it may be an indication that the prices are not valid and additional verification is needed)

Copies of returned individual child care providers' surveys are not required to be sent to the Office of Child Care but should be kept at the local agency for reference.

Instructions For Converting Rates Reported By Child Care Providers

Weekly ceilings and hourly rates will be determined for four (4) categories of licensed care:

- Licensed group - birth through age 1
- Licensed group – age 2 through age 3
- Licensed group – age 4 through age 5
- Licensed group – age 6 through age 12
- Licensed family – birth through age 1
- Licensed family – age 2 through age 3
- Licensed family – age 4 through age 5
- Licensed family – age 6 through age 12

Rate Calculations

If the provider reports more than one weekly price for full-time child care within an age category, the **highest** reported weekly price is to be used when calculating the 75th percentile for that age category.

If a provider does not have a weekly price or is charging on an hourly basis, the provider rate information should be excluded from the rate calculation for that age category.

Example:

Age group	Full-time weekly price	Price Used for Survey	Price for CCRA
Under 1 years	\$185	\$185	\$185
1 year old	\$175		\$175
2 years old	\$165 (<2.5 yrs) \$155 (>2.5 yrs)	\$165	\$165(<2.5 yrs) \$155 (>2.5 yrs)
3 years old	\$150		\$150
4 years old	\$145	\$145	\$145
5 years old	\$135		\$135

School age care:

Age group	Full-time fee (summer, breaks, etc)			Part-time Fee (before and after school combined)			PROVIDER PRICE FOR SURVEY AND CCRA
	Weekly	Daily	Hourly	Weekly	Daily	Hourly	
6 years and older	---	\$25	\$3	\$70	\$15	\$3	\$25 x 5 = \$125

Calculating provider price for CCRA for 6 years and older

❖ **Full-time price:**

- 1) Use WEEKLY price if available
- 2) If there is no weekly price, use DAILY price. Multiply the daily price by 5.
- 3) If there is no daily price, use HOURLY price. Multiply the hourly price by 50. Do not use converted hourly rates in the rate determination process.

❖ **If no full-time price, use PART-TIME price:**

- 1) Use WEEKLY price if available
- 2) If there is no weekly price, use DAILY price. Multiply the daily price by 5.
- 3) If there is no daily price, use HOURLY price. Multiply the hourly price by 20. Do not use converted hourly rates in the rate determination process.

II. REIMBURSEMENT RATE DETERMINATION

To establish the most accurate rate possible, we encourage at least an 80% return rate for the annual survey. Once the completed surveys have been returned, begin calculating the county/tribal maximum reimbursement rate. Include only those providers and rates that meet the criteria outlined in the survey.

Instructions For Determining The Weekly Ceiling For Licensed Providers And The Hourly Price For Each Provider Type

1. For licensed group child care providers, list center, center capacity, total number of slots available and price for each age group, from lowest to highest weekly price. (This will mean ordering the providers in ascending order four separate times, excluding those providers that do not serve a specific age category). If more than one price is given within an age grouping, use the highest weekly price reported. If an hourly price is reported, **do not** convert it to a weekly amount, **exclude this provider from your calculation for that age category only**. NO SIBLING OR DISCOUNT PRICES ARE TO BE USED.

2. Add the center capacity column to find the total capacity for all centers for that age category. Multiply the total by .75. The result is the 75th percentile. Draw a line under the total number of slots available where the 75th percentile is covered and under the corresponding weekly price. Do this for all age categories. This is the weekly ceiling (maximum weekly price) or the rate at which 75 percent of the licensed slots can be purchased for that age category.

3. Divide the weekly ceiling (where the 75th percentile falls) by 30, 35, or 40 hours (your county divisor) to determine an hourly rate. Your agency has the best information regarding which of these three numbers will most closely reflect the market practice within your community. The calculated hourly rate is a higher hourly rate in order to cover the costs of part-time care. When authorizing to licensed child care providers, if the number of hours authorized is equal to or greater than the agency divisor, the payment is reflecting full time child care. After the calculation, this hourly rate will be used when beginning the authorization process. A different divisor may be chosen for all categories of care (LGRP, LFAM, REGC, PROV) if the market so indicates. The divisors used should be indicated on the Request for Approval of Child Day Care Rates.

4. Repeat this procedure for licensed family day care. (A different divisor may be chosen for licensed group and licensed family hourly payment rate calculations if the market so indicates.)

5. Set regularly certified provider rates at 75 % of the licensed family hourly rate or at 75% of the licensed family weekly ceiling, and then divide by the divisor which best reflects the market rate for regularly certified child care.

6. Set provisionally certified provider rates at 50 % of the licensed family hourly rate or at 50% of the licensed family weekly ceiling, and then divide by the divisor which best reflects the market rate for provisionally certified child care.

CERTIFIED PROVIDER RATE CALCULATION EXAMPLES:

Option 1

Regularly certified child care = 75 percent of the licensed family child care hourly rate for each age group with 30 as a divisor.

Provisionally certified child care = 50 percent of the licensed family child care hourly rate for each age group with 30 as a divisor.

Examples:

Licensed Family Day Care:		Divisor = 30
Age category	Hourly Rate	Weekly Ceiling
birth through age 1	\$6.17	\$185
age 2 through age 3	\$5.50	\$165
age 4 through age 5	\$4.83	\$145
age 6 through age 12	\$4.17	\$125

Regularly Certified:		Divisor = 30
Age category	Hourly Rate	Weekly Ceiling at LFAM max
birth through age 1	$\$6.17 \times 75\% = \4.63	\$185
age 2 through age 3	$\$5.50 \times 75\% = \4.13	\$165
age 4 through age 5	$\$4.83 \times 75\% = \3.62	\$145

age 6 through age 12	$\$4.17 \times 75\% = \3.13	\$125
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Provisionally Certified:		Divisor = 30
Age category	Hourly Rate	Weekly Ceiling at LFAM max
birth through age 1	$\$6.17 \times 50\% = \3.09	\$185
age 2 through age 3	$\$5.50 \times 50\% = \2.25	\$165
age 4 through age 5	$\$4.83 \times 50\% = \2.42	\$145
age 6 through age 12	$\$4.17 \times 50\% = \2.09	\$125

Option 2

Regularly certified child care: multiply the licensed family weekly ceiling by 75% for each age group, determine the local market divisor, and calculate the hourly payment rate for each age group.

Provisionally certified child care: multiply the licensed family weekly ceiling by 50% for each age group, determine the local market divisor, and calculate the hourly payment rate for each age group.

Example:

Licensed Family Day Care:		Divisor = 30
Age category	Hourly Rate	Weekly Ceiling
birth through age 1	\$6.17	\$185
age 2 through age 3	\$5.50	\$165
age 4 through age 5	\$4.83	\$145
age 6 through age 12	\$4.17	\$125

Regularly Certified:		Divisor = 35
Age category	Hourly Rate	Weekly Ceiling at LFAM max
Birth through age 1	LFAM Weekly Ceiling: $\$185 \times 75\% = \$138.75/35 = \mathbf{\$3.96}$	\$185
age 2 through age 3	LFAM Weekly Ceiling: $\$165 \times 75\% = \$123.75/35 = \mathbf{\$3.54}$	\$165
age 4 through age 5	LFAM Weekly Ceiling: $\$145 \times 75\% = \$108.75/35 = \mathbf{\$3.11}$	\$145
age 6 through age 12	LFAM Weekly Ceiling: $\$125 \times 75\% = \$93.75/35 = \mathbf{\$2.68}$	\$125

Note: Divisor is 35.

Provisionally Certified:		Divisor = 40
Age category	Hourly Rate	Weekly Ceiling at LFAM max
Birth through age 1	LFAM Weekly Ceiling: $\$185 \times 50\% = \$92.50/40 = \mathbf{\$2.31}$	\$185
age 2 through age 3	LFAM Weekly Ceiling: $\$165 \times 50\% = \$82.50/40 = \mathbf{\$2.06}$	\$165
age 4 through age 5	LFAM Weekly Ceiling: $\$145 \times 50\% = \$72.50/40 = \mathbf{\$1.81}$	\$145
age 6 through age 12	LFAM Weekly Ceiling: $\$125 \times 50\% = \$62.50/40 = \mathbf{\$1.56}$	\$125

Note: Divisor is now 40

III. CHILD DAY CARE RATES APPROVAL REQUEST

After you have established the maximum rates for your county, for each age category, use those numbers to complete the Child Day Care Rates Approval Request form that is included in this memo. Complete the Request form with the newly calculated maximum rate even if it has gone down. This information must be returned to OCC by **Oct 11, 2002**. These rates will be entered into the CARES system, table TCMX, by OCC staff as your county/tribe 2003 maximum rates.

Programming Changes

A conversion to using all four categories when calculating authorizations is scheduled to occur the weekend of the annual mass change. This is tentatively scheduled to occur the weekend of December 28 and 30, 2002. More implementation information will follow.

2003 Rate Effective Dates In Cares

New provider rates for the year 2003 must be entered by close of business on December 27, 2002. Enter provider rates for 2003 on screen CCRA with an effective begin date of December 29, 2002. Since provider rates can be entered at any time with future effective begin dates, we recommend that local agencies allow sufficient time for this data entry and begin well in advance of this deadline.

The county/tribal maximum rates will be entered into table TCMX by the state with an effective date of December 29, 2002.

The annual mass rate change is scheduled to occur the weekend of December 28 and 29, 2002. All authorizations entered after the above date will be calculated using the county/tribal maximum rates and provider prices for the year 2003.

More information will be sent on the annual mass rate change this fall.

ANNUAL CHILD CARE RATES SURVEY - LICENSED GROUP DAY CARE

Personal information you provide on this form may be used for secondary purposes (Privacy Law, s.15.04 (1)(m))

Dear Child Care Provider,

Each year Wisconsin child care agencies survey **all licensed providers** to collect child care price and related information. The goal of this survey is to establish the most accurate market rates for each county and tribe to be used to reimburse day care costs for low to moderate income families. The price information you submit may be used to calculate the annual Maximum County/Tribal Rate for the Wisconsin Shares Subsidy Program as required by DWD 56.06 of the Wisconsin Administrative Code. Your cooperation in completing and submitting this survey (along with your current printed price sheet) will allow us to establish a rate that is fair and competitive so that we may assist as many families as possible. *Please return this survey within the given time.*

All prices reported must be those you regularly charge "private-pay families" (i.e., families whose child care services are not subsidized with public funds). Report **current** weekly prices. Please indicate the prices you charge according to the age categories listed on the following page. Field trip fees, meal fees, transportation fees and material fees, unless incorporated into the weekly price for child care, cannot be paid for separately and therefore should not be reported on the survey. Verification of your reported price is necessary in order to accurately calculate the local agency maximum reimbursement rates for licensed family child care providers. ***Return this survey along with a copy of your current typed or printed fee schedule to the address listed here, even if you have not or are not caring for a child who qualifies for subsidy funding:***

The survey must be returned by _____. ***Only your verified weekly prices (from printed rate sheet) will be included in the calculation to determine 2003 maximum county/tribal child care reimbursement rates.*** If you have a registration fee policy, enclose a typed or printed copy of that also.

Please answer the following questions:

Licensed Group capacity for July 2002 _____

Number of private pay children served in July 2002 _____

- | | | |
|---|------------------------------|------------------------------|
| 1. Is your program open at least 11 months per year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is your program open 5 days/week? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is your program open at least 5 hours each day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is your licensed day care accredited? | <input type="checkbox"/> Yes | <input type="checkbox"/> No. |
| If yes, please submit a copy of your accreditation certificate. | | |
| 6. Does your daycare provide child care for a "targeted population" (e.g., employer-sponsored, Head Start Wrap Around, 51.437, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No. |
| If yes, does your center also offer open enrollment for the general public? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Continue on the back

Day Care Name:		
OWNER/OPERATOR:		
Address of Facility:		Phone:
City:	State:	Zip:

Please provide your standard full-time price for each of the age categories below by completing the full-time weekly fee column with the price that you charge for that age group (include all prices for the age group). Include the price you charge even if you currently are not caring for any children in that age category. Indicate with N/A if you do not care for an age group. **If you charge on an hourly basis, you must indicate the amount that you charge for privately paying parents for a child who attends full time.**

	Full-time weekly fee	
Under 1 year		
1 year old		
2 years old		
3 years old		
4 years old		
5 years old		

School Age Care:

If you serve this age group, please indicate your price structure (if not, indicate no with N/A):

Age group	Full-time fee (summer, breaks, etc) = Number of hours _____			Part-time fee (before and after school) = Number of hours _____		
	Weekly	Daily	Hourly	Weekly	Daily	Hourly
6 years and older						

Please indicate the number of hours of school-age care your program offers:

Before school: _____ hours/day

After school: _____ hours/day

Please read, check that you understand each point, sign and return to the address on front.

- _____ I have enclosed my printed price sheet.
- _____ I understand that, by signing this form, I acknowledge that the fees I have listed here are fees charged to private pay parents.
- _____ I understand that I am required to submit a copy of my current price schedule in order to be reimbursed for children that are funded by the Wisconsin Shares Program.

Signature _____ Date _____

SAMPLE 2003 RATE SURVEY RESULTS

SUNSHINE COUNTY

Maximum Reimbursement Rate Determination Licensed Group Child Care

BIRTH THROUGH AGE 1

Center	Center Capacity/Slots	Total Number of Slots Available	Reported Weekly Price
A	40	40	\$89
B	40	80	95
C	40	120	95
D	80	200	99
E	100	300	110
F	100	400	115
G	80	480	125
H	60	540	135
I	75	615	175 < Max. Weekly Ceiling
J	80	695	200
K	50	745	200

$$745 \text{ slots} \times 75\% = 558.75 = 559 \text{ slots}$$

Maximum Weekly Ceiling for Licensed Group Child Care: **\$175.00 per Week**

Divisor used is 30.

Hourly Rate for Licensed Group Child Care: $\$175/30 = \text{\$5.83 per hour}$.

AGE 2 THROUGH AGE 3

Center	Center Capacity/Slots	Total Number of Slots Available	Reported Weekly Price
A	40	40	\$89
B	50	90	95
C	40	120	95
D	80	200	99
E	100	300	110
F	100	400	115
G	80	480	119 < Max. Weekly Ceiling
H	65	545	125
I	75	620	130

$$620 \text{ slots} \times 75\% = 465 \text{ slots}$$

Maximum Weekly Ceiling for Licensed Group Child Care: **\$119.00 per Week**

Divisor used is 30

Hourly Rate for Licensed Group Child Care: $\$119/30 = \text{\$3.97 per hour}$

SAMPLE 2003 RATE SURVEY

SUNSHINE COUNTY

Cont.

AGE 4 THROUGH AGE 5

Center	Center Capacity/Slots	Total Number Of Slots Available	Reported Weekly Price
A	40	40	\$89
B	40	80	95
C	40	120	95
D	80	200	99
E	100	300	110
F	100	400	115
G	80	480	119 < Max. Weekly Ceiling
H	60	540	125
I	75	615	130

$$615 \text{ slots} \times 75\% = 461.25 = 461 \text{ slots}$$

Maximum Weekly Ceiling for Licensed Group Child Care: **\$119.00 per Week**

Divisor used is 30.

Hourly Rate for Licensed Group Child Care: $\$119/30 = \mathbf{\$3.97 \text{ per hour}}$

AGE 6 THROUGH AGE 12

Center	Center Capacity/Slots	Total Number of Slots Available	Reported Weekly Price
A	40	40	\$35
B	50	90	45
C	40	120	50
D	80	200	75
E	100	300	75
F	100	400	100 < Max. Weekly Ceiling
G	80	480	100

$$480 \text{ slots} \times 75\% = 360 \text{ slots}$$

Maximum Weekly Ceiling for Licensed Group Child Care: **\$100 per Week**

Divisor used is 30.

Hourly Rate for Licensed Group Child Care: $\$100/30 = \mathbf{\$3.33 \text{ per hour}}$

ANNUAL CHILD CARE RATES SURVEY - LICENSED FAMILY DAY CARE

Personal information you provide on this form may be used for secondary purposes (Privacy Law, s.15.04 (1)(m))

Dear Child Care Provider,

Each year Wisconsin child care agencies survey **all licensed providers** to collect child care price and related information. The goal of this survey is to establish the most accurate market rates for each county and tribe to be used to reimburse day care costs for low to moderate income families. The price information you submit may be used to calculate the annual Maximum County/Tribal Rate for the Wisconsin Shares Subsidy Program as required by DWD 56.06 of the Wisconsin Administrative Code. Your cooperation in completing and submitting this survey (along with your current printed price sheet) will allow us to establish a rate that is fair and competitive so that we may assist as many families as possible. *Please return this survey within the given time.*

All prices reported must be those you regularly charge "private-pay families" (i.e., families whose child care services are not subsidized with public funds). Report **current** weekly prices. Please indicate the prices you charge according to the age categories listed on the following page. Field trip fees, meal fees, transportation fees and material fees, unless incorporated into the weekly price for child care, cannot be paid for separately and therefore should not be reported on the survey. Verification of your reported price is necessary in order to accurately calculate the local agency maximum reimbursement rates for licensed family child care providers. ***Return this survey along with a copy of your current typed or printed fee schedule to the address listed here, even if you have not or are not caring for a child who qualifies for subsidy funding:***

The survey must be returned by _____. ***Only your verified weekly prices (from printed rate sheet) will be included in the calculation to determine 2003 maximum county/tribal child care reimbursement rates.*** If you have a registration fee policy, enclose a typed or printed copy of that also.

Please answer the following questions:

Licensed Family capacity for July 2002 _____

Number of private pay children served in July 2002 _____

- | | | |
|--|------------------------------|------------------------------|
| 5. Is your program open at least 11 months per year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is your program open 5 days/week? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Is your program open at least 5 hours each day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Is your licensed day care accredited? | <input type="checkbox"/> Yes | <input type="checkbox"/> No. |
- If yes, please submit a copy of your accreditation certificate.
- | | | |
|---|------------------------------|------------------------------|
| 6. Does your daycare provide child care for a "targeted population" (e.g., employer-sponsored, Head Start Wrap Around, 51.437, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No. |
| If yes, does your center also offer open enrollment for the general public? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Continue on the back

Day Care Name:		
OWNER/OPERATOR:		
Address of Facility:		Phone:
City:	State:	Zip:

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Please provide your standard full-time price for each of the age categories below by completing the full-time weekly fee column with the price that you charge for that age group (include all prices for the age group). Include the price you charge even if you currently are not caring for any children in that age category. Indicate with N/A if you do not care for an age group. **If you charge on an hourly basis, you must indicate the amount that you charge for privately paying parents for a child who attends full time.**

	Full-time weekly fee	
Under 1 year		
1 year old		
2 years old		
3 years old		
4 years old		
5 years old		

School Age Care:

If you serve this age group, please indicate your price structure (if not, indicate no with N/A):

Age group	Full-time fee (summer, breaks, etc) = Number of hours _____			Part-time fee (before and after school) = Number of hours _____		
	Weekly	Daily	Hourly	Weekly	Daily	Hourly
6 years and older						

Please indicate the number of hours of school-age care your program offers:

Before school: _____ hours/day

After school: _____ hours/day

Please read, check that you understand each point, sign and return to the address on front.

- _____ I have enclosed my printed price sheet.
- _____ I understand that, by signing this form, I acknowledge that the fees I have listed here are fees charged to private pay parents.
- _____ I understand that I am required to submit a copy of my current price schedule in order to be reimbursed for children that are funded by the Wisconsin Shares Program.

Signature _____ Date _____

SAMPLE 2003 RATE SURVEY RESULTS

SUNSHINE COUNTY

Maximum Reimbursement Rate Determination Licensed Family Child Care

BIRTH THROUGH AGE 1

Center	Center Capacity/Slots	Total Number of Slots Available	Reported Weekly Price
A	8	8	\$90
B	8	16	95
C	8	24	95
D	8	32	99
E	8	40	110
F	8	48	115
G	8	56	125
H	8	64	150
I	8	<u>72</u>	<u>180</u> < Max. Weekly Ceiling
J	8	80	200
K	8	88	200

88 slots x 75% = 66 slots

Maximum Weekly Ceiling for Licensed Group Child Care: **\$180.00 per Week**

Divisor used is 30.

Hourly Rate for Licensed Group Child Care: \$180/30 = **\$6.00 per hour**

AGE 2 THROUGH AGE 3

Center	Center Capacity/Slots	Total Number of Slots Available	Reported Weekly Price
			\$
A	8	8	89
B	8	16	95
C	8	24	95
D	8	32	99
E	8	40	110
F	8	48	115
G	8	<u>56</u>	<u>119</u> < Max. Weekly Ceiling
H	8	64	125
I	8	72	130

72 slots x 75% = 54 slots

Maximum Weekly Ceiling for Licensed Group Child Care: **\$119.00 per Week**

Divisor used is 30

Hourly Rate for Licensed Group Child Care: \$119/30 = **\$3.97 per hour**

AGE 4 THROUGH AGE 5

Center	Center Capacity/Slots	Total Number Of Slots Available	Reported Weekly Price
A	8	8	\$89
B	8	16	95
C	8	24	95
D	8	32	99
E	8	40	110
F	8	<u>48</u>	<u>115</u> < Max. Weekly Ceiling
G	8	56	119
H	8	64	125

64 slots x 75% = 48 slots

Maximum Weekly Ceiling for Licensed Group Child Care: **\$115.00 per Week**

Divisor used is 30.

Hourly Rate for Licensed Group Child Care: \$115/30 = **\$3.83 per hour.**

AGE 6 THROUGH AGE 12

Center	Center Capacity/Slots	Total Number of Slots Available	Reported Weekly Price
			\$
A	8	8	35
B	8	16	45
C	8	24	50
D	8	32	75
E	8	40	75
F	8	<u>48</u>	<u>100</u> < Max. Weekly Ceiling
G	8	56	100

56 slots x 75% = 42 slots

Maximum Weekly Ceiling for Licensed Group Child Care: **\$100 per Week**

Divisor used is 30

Hourly Rate for Licensed Group Child Care: \$100/30 = **\$3.33 per hour.**

REQUEST FOR APPROVAL OF CHILD DAY CARE RATES

Completion of this form meets the requirements of Wisconsin Statutes, S. 49.155 (6), and DWD 56.06 of the Wisconsin Administrative code.

Name of County/Tribe		Effective Date of New Rate: January 1, 2003	
Rate of Return Licensed Group:		Rate of Return Licensed Family:	
1. Licensed Group Child Care	Divisor:	Hourly Rate	Weekly Ceiling
a) birth through age 1		\$	\$
b) age 2 through age 3		\$	\$
c) age 4 through age 5		\$	\$
d) age 6 through age 12		\$	\$
2. Licensed Family Child Care	Divisor:	Hourly Rate	Weekly Ceiling
a) birth through age 1		\$	\$
b) age 2 through age 3		\$	\$
c) age 4 through age 5		\$	\$
d) age 6 through age 12		\$	\$
3. Regularly Certified Child Care	Divisor:	Hourly Rate	
a) birth through age 1		\$	
b) age 2 through age 3		\$	
c) age 4 through age 5		\$	
c) age 6 through age 12		\$	
4. Provisionally Certified Child Care	Divisor:	Hourly Rate	
a) birth through age 1		\$	
b) age 2 through age 3		\$	
c) age 4 through age 5		\$	
d) age 6 through age 12		\$	

Counties and Tribes may authorize child care reimbursement in excess of the weekly ceiling on a case by case basis if payment is for 50 or more hours of child care, or if other extenuating circumstances are involved within the case or for a child with special needs.

****Attach survey results and methods used to establish rates.**

Submitted By: (print)		Signature	
Title	Date	Telephone ()	

OFFICE OF CHILD CARE REVIEW

Child Day Care Rates Are: <input type="checkbox"/> Approved, effective: 1-1-03 <input type="checkbox"/> Disapproved	
Comments	
Signature _____, Office of Child Care	Date